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Town Meeting

BULLETIN OF AMERICA'S TOWN MEETING OF THE AIR

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THE TOWN HALL

Should We Adopt a Compulsory National Health Insurance Program?

Guest Moderator, **HOUSTON PETERSON**

Speakers

OSCAR EWING **H. ALEXANDER SMITH**

NELSON H. CRUIKSHANK **MORRIS FISHBEIN**

(See also page 12)

COMING

March 1, 1949

Should Communists Be Allowed To Teach in Our Colleges?

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THE BROADCAST OF FEBRUARY 22:

"Should We Adopt a Compulsory National Health Insurance Program?"

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Town Meeting

GEORGE V. DENNY, JR., MODERATOR

BULLETIN OF AMERICA'S TOWN MEETING OF THE AIR

FEBRUARY 22, 1949 VOL. 14, No. 43

Should We Adopt a Compulsory National Health Insurance Program?

Moderator Peterson:

Good evening, friends. It is always an honor and a distinct burden to pinch-hit for the redoubtable George V. Denny, Jr., especially on such a question as tonight's, when there is only standing room in this famous old hall.

I presume we all agree that one of the prime problems facing any nation is the health of its citizens. We Americans are intensely health-minded, even disease conscious, which is, of course, not quite the same thing. At any rate, we have always been willing to support hospital drives, and, in large numbers, we have joined various voluntary health insurance groups.

The question is, what is the best method of preventing and curing illness, and how are we going to pay the bills? Should we change our present methods, and, if so, how?

Now just a little background. Compulsory national health insurance laws have been in force in other countries for some years. England has had such a law for 40 years.

Lately, the issue has been violently raised in our own country, with much pro and con discussion on the part of both laymen and doctors. The result of this agitation has been the introduction in Congress of various bills or proposed bills.

There is the proposed Taft-Smith bill, under which the Federal Government would help the states to develop their own overall health programs. In contrast, there is the Wagner-Murray-Dingell bill which provides for a system of national health insurance to pay for the cost of medical services.

Meanwhile, the American Medical Association, which has taken a stand against compulsory national medical insurance, proposed a 12-point plan of its own, which will doubtless be explained dur-

ing the next hour. Finally, in his message to Congress on January 5, President Truman called for a system of prepaid medical insurance which will enable every American to afford good medical care.

At the present time, the whole matter is before the Senatorial Committee on Labor and Public Welfare. Now to open our discussion, it's only proper that we should call upon a man who for some time has been right in the middle of this great issue. On September 2, 1948, at Mr. Truman's request, Oscar Ross Ewing, Federal Security Administrator, submitted to the President a 186-page report, entitled, *The Nation's Health—A Ten Year Plan.* The Ewing report broadly represents the present administration's views on this important—supremely important—subject. Mr. Ewing, should we adopt a compulsory national health insurance program? Mr. Ewing. (*Applause.*)

Mr. Ewing:

I say, "Yes." I want to ask this question of our audience and our radio listeners: If a really serious illness strikes your home tomorrow, can you afford it?

Very few of us are wealthy. About half the people in this country—some 70 million—live in families that have to get by on total family income of $60 a week or less. Illness is like fire. It comes when you least expect it, and it can be either a minor inconvenience or a shattering disaster.

Way back in Benjamin Frank lin's day, we learned how to handl fires. Everybody contributes t maintain a fire department, an when your house catches fire, yo don't have to make a down pay ment or prove that you're brok and entitled to charity before fire men turn on the hose. The cost ha already been paid by all of us, an we're glad to pay it.

National health insurance work the same way. It is designed t meet the cost of sickness as well a the cost of preventive medicine— that all important stitch in time— by using the insurance idea.

Let me emphasize that na tional health insurance, merel changes the method of payin for medical services. It does no change in any way the professiona relationship between you and you doctor. It would definitely improv the quality of medical care for th country as a whole.

You would be free to call o your doctor at the first sign of sick ness when your doctor's work i easiest and most helpful to yo With more doctors, dentists nurses, hospitals, more of us wi be able to get the same high qua ity of care that is now availabl chiefly to the well-to-do in larg cities.

How will national health insu ance work for you? If you are a insured worker, or a member o his family, all you will have to d when you become sick is to get i touch with the doctor of your ow choice. He will decide what ca

you need. If you should need the help of specialists or hospital care or home nursing, he will arrange for you to get them just as he would do now. The doctors, the hospitals, and all the others that may be called upon to give you services will be paid at rates to which they have already voluntarily agreed.

The only difference is that the bills for the services will not be sent to you personally, but they will be paid out of the insurance fund which your contributions have already helped to create.

This insurance fund will have been built up mainly by payments made by employees matched by equal payments of employers. It is now expected that when the program is in full operation the maximum amount deducted from salaries and wages will be 1.5 per cent on earnings up to $4,800 a year.

This will mean that a man earning $50 a week will have 75 cents a week deducted from his wage-earnings. The maximum deduction for any employee, no matter how high his salary, would be $1.40 a week. For this, a worker will get for himself and his dependents medical, dental, hospital and nursing care, eyeglasses, hearing aids, cost of expensive medicines, etc.

National health insurance will put no new burden on the national economy. At the present time, the people of this country pay some five and a half billion dollars per year for all medical, hospital, and nursing services, exclusive of the cost of medicine. Instead of practically all of the burden of this falling on the sick when they are least able to pay, the cost will be spread out and paid by all workers and their employers at a time when the workers are earning wages and best able to afford it.

Everybody agrees that we must have more doctors, more dentists, more nurses, more laboratory technicians, more hospitals, more local health clinics, more local public health services, more medical research. All of these are a part of our national health plan. It does no good, however, to have all these things unless people can pay for the services they provide.

National health insurance is merely for the purpose of providing this purchasing power and is therefore essential to any program to bring you and your family better health and more happiness. (*Applause.*)

Moderator Peterson:

Thank you, Mr. Ewing. Our next speaker will defend the negative of our proposition. H. Alexander Smith is Republican Senator from the neighboring state of New Jersey. He has had a distinguished career in the fields of law, education, and public service. At present he is a member of the Senate Foreign Relations Committee and, more relevant to our subject tonight, a member of the Senate Labor and Public Welfare Committee and former chairman of the

Senate Subcommittee on Health.

May I add, however, a personal note? Senator Smith's father, Dr. A. Alexander Smith, practiced medicine in Manhattan for 43 years, and a group of his admiring patients dedicated a chair here—right here in Town Hall—to his memory. Senator H. Alexander Smith. (*Applause.*)

Senator Smith:

When I hear Mr. Ewing tell about compulsory health insurance, I think of a man who lives in a fine big house with a leaky roof. He says, "This is horrible. There's a leak in the roof. We must tear down the house and build a wonderful new jail to live in."

The house I am talking about is the whole medical care system of the United States. What I propose is that we should all get busy and fix that leak in the roof.

Here are my three main reasons for opposing Mr. Ewing's program.

First, the over-all federal service which Mr. Ewing promises so freely, at a cost of somewhere between four and fourteen billion dollars a year raised by additional taxes, simply cannot be delivered. With free care guaranteed for everybody, doctors' offices and hospitals would be flooded with patients. Doctors would have to adopt a kind of assembly-line medicine in order to get through with their load of work. They would have to abandon the American high standards of medical practice. They would have to turn this country into one vast dispensar of pills and plasters.

Second, the system would r quire a tremendous machine federal regulation and contro There would be such inspectio and investigation and filling out forms as this country has nev seen.

Third and last, compulsory n tional health insurance would i nore all the great forces—volu tary health insurance, industri welfare plans, the progressive an responsible state programs, th splendid promise of preventiv medicine—which are working t day for better, more widespre medical care.

The plan says to the America people, "Just follow instructio from Washington. Don't ask an questions. We're here and we solve all of your problems." That the wrong kind of advice for fr Americans.

Now I'm not arguing for the Fe eral Government to keep hand off entirely. In the four years I'v been in the Senate, we hav started a tremendous hospital su vey and construction program. W have established a new pay an promotion system for the Publi Health Service. We have greatl increased the appropriations f cancer research. We have set u new national research institute in mental health, in heart ailment and in dental health.

These are legitimate areas f federal aid. However, that is onl a part of the over-all picture.

I suggest a positive five-point program of health legislation in which the Federal Government will work with states and cities and private groups to cover the whole range of our health needs: (1) more medical research; (2) full-time public health services to prevent and control diseases; (3) more hospital construction; (4) training of more doctors, dentists, nurses, and technicians through scholarships to students and grants to medical schools; (5) and this is most important, aid to the states to assume their full responsibility for the medical care of their people.

What is needed is vigorous action by states, aided and encouraged by federal grants and by the knowledge and experience of our federal experts. The 48 states must be challenged to take stock of their widely varying needs and resources and to develop their own personal care programs. In that way we will have 48 experimental laboratories in this country, all working toward the same goal.

By this method, the states will keep in their own hands this vital operation which is clearly a state responsibility.

With certain of my Senate colleagues, I am preparing to offer this five-point program as a goal to challenge inventive Americans everywhere. The issue presented by this debate is clear and stupendous.

Are the 48 states going to accept their clear responsibilities for the immediate medical care of their people? Or are they going to abdicate and surrender this responsibility to the Federal Government?

No central government by itself can plan and achieve the good life of free Americans, but with the benefit of American inventive and organizing genius everywhere, we, through our 48 states, can repair and expand our mansion of health until it is big enough for all of us. We can make American medicine more than ever the envy of the world. (*Applause.*)

Moderator Peterson:

Thank you, Senator Smith. There is one large group of American citizens that has a particular interest in our subject tonight, and that's labor. Our second speaker for the affirmative is Director of the Social Insurance Activities of the American Federation of Labor. He has a long and distinguished record in the fields of labor relations and labor education. Nelson H. Cruikshank participated in UNESCO's first General Assembly, and, last summer, was a member of the United States delegation to the first General Assembly of the United Nations World Health Organization in Geneva. Mr. Nelson H. Cruikshank. (*Applause.*)

Mr. Cruikshank:

Working people know from experience that the threat of a disabling illness or of expensive medical care is not imaginary. They know that on the average, one out

of every three persons at some time during a normal year will be sick at least once.

That is, wherever there are three people listening to this program, the chances are one of you will be ill in the next 12 months. Some of these illnesses will be short and easily cured; others will be long, severe, and expensive.

What we are discussing tonight is the very simple but important question of how we, in America, can plan to pay the doctor, the nurse, and the hospital without going into debt, borrowing from friends or relatives, or going to the loan shark, or going on relief.

We want to do this in a way that will encourage the best confidential relationship between doctor and patient, and in a way that will be fair to the doctors and all who provide medical care.

We are convinced that the best way to do this is through extending the tried and proven method of social insurance, as outlined by Mr. Ewing.

The working people of America are not scared by the bad names given to this proposal by those who oppose it. The reason is that they have been using this system successfully to meet similar risks for forty years. Accidents and illness occurring on the job are covered by Workmen's Compensation, now effective in all 48 states.

Many of us remember how, years ago, we were told that this was socialism or communism, and would destroy American industry.

Do you remember that busines about the dog tags when the So cial Security Act was being con sidered? We were told that if was passed, we would all have t wear a metal tag, with a numbe We would be regimented. Freedo would be destroyed. Now abou eighty million Americans carr Social Security cards, but no do tags.

But we do have Old Age an Survivor's Insurance so our fam ilies have some protection in cas of death, and we have somethin between us and the poorhous when we get too old to work.

We have used essentially th same system to insure against un employment—a small contributio based on the payroll, paid into central fund, out of which a ma can draw weekly benefits if som thing happens to his job.

National compulsory health in surance has not been accepted b labor in a hasty or unthinkin manner. Experience with Work men's Compensation, when cove age was elective, taught us throug the bitter experience of uncon pensated disasters in mines an factories in states with electi coverage that the system cou not work unless everybody w in it.

We have also experimented e tensively with the limited volu tary types of protection which a now available to meet medic costs. For most people covered b them, these plans meet only pa of the cost in emergency cases, an

fail completely to encourage preventive practice on the part of physicians and hospitals.

With the same premium for rich and poor alike, with selling and enrollment costs, they are too expensive for low-income groups—the people who need protection most. If they keep the premium down, that's because they limit the protection or cover only those with the least amount of sickness.

We have, therefore, reached the conclusion that an all-inclusive insurance plan is the only practical method of meeting the needs. As stated by the distinguished elder statesman, Bernard Baruch, in an address to a group of doctors in New York last year, "Nothing has been suggested so far which promises success other than some form of insurance covering these people in by law and financed by the government at least in part—what some would consider 'compulsory health insurance.'" (*Applause.*)

Moderator Peterson:

Thank you, Mr. Cruikshank. Our final speaker, who opposes the compulsory national health insurance plan, is the well-known editor of the *Journal of the American Medical Association,* Dr. Morris Fishbein. Dr. Fishbein is also a consultant of the National Research Council, and several other governmental agencies. Dr. Morris Fishbein. (*Applause.*)

Dr. Fishbein:

I have listened, as all of you have, to Mr. Ewing's comparison of compulsory federal sickness insurance to fire insurance. All of you carry fire insurance and nobody made you carry fire insurance. Nobody forced you to have a deduction from your wages to pay for fire insurance. Like Americans, you bought fire insurance because you thought it was a good investment. (*Applause.*)

I have heard Mr. Cruikshank refer to Old Age and Survivor's Pensions. There are 11,000,000 people in the United States over 65 years of age. Last year the Federal Government paid two and a half million of these people an old-age pension. They gave them $19.60 a month on an average to take care of them for food, fuel, clothing, shelter, medical, and dental care. What kind did they get for $19.60 a month? (*Applause.*)

Now on the majority of the points that have been brought up in relationship to the health of the American people, we are in complete agreement.

The American Medical Association's national twelve-point program for improving the health of the American people wants to do all of the things that Mr. Ewing wants to do. We want to take care of people with chronic diseases and people who are old. We want to provide adequate hospital beds. We want to build diagnostic and public health centers throughout the Nation.

We want proper support for the medical schools and for all of the

accessory professions like nursing, and dentistry, and clinical laboratory technicians.

We want to see to it that the veterans continue to get a high quality of medical care. We want a widespread national system of public health education so people will learn how to keep well and where to go when they need help and care and cannot get it.

But there is one fundamental issue on which we do not agree, and that is the fundamental issue: Shall we have a national federal compulsory sickness insurance program with forced deductions from the worker's wages, forced payments by the employer of an equal amount—all of that put into a great financial pool and administered out of Washington.

That is what we oppose because we believe that it is a menace to the quality of medical service of the American people, and because it will bring out invariably a deterioration in medical education and medical research in the provision of high-classed young men (*applause*), and in all of the other factors that are necessary to render a high quality of medical service.

Now the American people have never shown that they are unable to take care of themselves properly. Already in the United States we have 52,000,000 people covered with voluntary hospitalization insurance—32,000,000 in the Blue Cross, and 20,000,000 in the private systems. We have 36,000,000 workers insured against loss o wages due to illness. We hav 21,000,000 workers insured agains high surgical fees which are in variably associated with surgica procedures in hospitals, and w have 9,000,000 people covered com pletely for every type of medica care because those people saw th wisdom of such prepayment plan and voluntarily enrolled in thes plans.

Now then, how is the Goverr ment endeavoring to persuade th vast majority of American peopl that they ought to come into a na tional compulsory sickness insu ance program? Well, last July the called, in Washington, a Nationa Health Assembly, and 800 compe tent people came from all over th United States and stayed a wee at their own expense to try to fi ure out a way to plan for th Nation's health for the future.

There were representatives every aspect of medical care. M Cruikshank was in the section o medical care. The American Me ical Association was represente by Dr. James McVay of our Cou cil on Medical Service, and by D Thomas McGoldrick. The pres dent of the American Medical A sociation, Dr. Sensenich, was o the executive committee as w also the secretary, Dr. Georg Lull. Dr. J. R. Miller of Hartfor Connecticut, took care of chron diseases.

All of us worked together bring out this program, and wh was the result? Mr. Ewing cho

completely to disregard the recommendation of the medical care section for extension of voluntary sickness insurance on a prepayment basis to meet the needs of the people, and he chose to come out instead with his book, *The Nation's Health,* which urges on the American people the acceptance of a national compulsory sickness insurance program.

He has a plan that was given to him by 800 representatives of every branch of interest in medical care, but that plan has been disregarded. We propose to go back to the plan that will keep America free, free not only in medicine but in every other aspect of American life. (*Applause.*)

Moderator Peterson:

Thank you, Dr. Fishbein. Now gentlemen, won't you gather around the microphone here with me for a further discussion. This can be a very intense and lively thing, gentlemen, if you are as intense as I think. Mr. Ewing, we haven't heard from you for some time. Suppose you begin with a question or comment.

Mr. Ewing: Well, Dr. Fishbein, in his opening statement, said that there were some nine million people already covered by insurance for complete medical care. I call his attention to the statement that he made in the current issue of the *Kiwanis Magazine* on page 54, where he said, "Complete medical care programs by the end of 1947" —that's just a little over a year ago—"covered more than one million people." Now I don't know what more than one million people means, but it certainly doesn't mean more than two. (*Applause.*)

Dr. Fishbein: I would remind Mr. Ewing that that paper was written a considerable time ago and that the rate of increase in voluntary hospitalization and sickness insurance is the most rapid rate of increase that has ever occurred in the history of insurance in this country. (*Shouts and boos.*)

Mr. Peterson: Just a moment! Ladies and gentlemen, may I make one interruption? We don't boo or hiss in Town Hall. You can clap for those you approve of. If you wish to disagree, please grit your teeth and maintain a dignified silence. Support those you like and let the others support those whom they approve of. Booing or hissing gets us nowhere, and it sounds bad in the human heart and on the air as well. Thank you. (*Applause.*)

Now, Senator Smith, you have a comment, I think, sir.

Senator Smith: I have a question I'd like very much to ask my good friend, Mr. Ewing. In his statement, he said, "National health insurance merely changes the method of paying for medical services. It does not change in any way the professional relationship between you and your doctor." I hold in my hand, Mr. Ewing, a bill entitled Senate Bill S-5 introduced by Mr. Murray for himself, Mr. Wagner, Mr. Pepper, Mr. Chavez, Mr. Taylor, and Mr. McGrath—a

THE SPEAKERS' COLUMN

OSCAR EWING—Born in Greensburg, Indiana, Oscar Ewing has degrees from Indiana University and Harvard Law School. He taught at the University of Iowa Law School for a year before entering the practice of law in Indianapolis. He served as assistant counsel for the Vandalia R. R. Co., and assistant to the general counsel for the Pennsylvania Lines in 1916 and 1917.

After service in the Signal Corps and Air Service during World War I, he was member of a new York law firm from 1920 until 1937. He is now a member of Hughes, Hubbard & Ewing.

Mr. Ewing was assistant chairman of the Democratic National Committee from 1940 until 1942 when he was appointed special assistant to the United States Attorney General. He attended the Conference for Limitation of the Manufacture of Narcotics, in Geneva, 1931, on behalf of American manufacturers. He is now Federal Security Administrator.

H. ALEXANDER SMITH—Republican from New Jersey, Senator Smith is a member of the Labor and Public Welfare Committee. He is former chairman of the Senate Subcommittee on Health.

Born in New York City in 1880, Senator Smith has an A.B. from Princeton; LL.B. from Columbia, and LL.D. from Princeton and the University of Brussels. A member of the New York bar and the Colorado bar, he practiced law in Colorado Springs from 1905 until 1918. In 1919, he was chairman of the committee on reorganization of trustees and faculty of Princeton, and, from 1920 until 1927, he was executive secretary of Princeton. From 1927 until 1930, he also lectured on international relations.

Returning to the practice of law in New York in 1932, he remained there until his election to the Senate in 1944 for the term ending 1947. He was re-elected in 1946 for the term ending in 1953.

MORRIS FISHBEIN—Dr. Fishbein was born in St. Louis, Missouri, in 1889. With a B.Sc. degree from the University of Chicago and an M.D. degree from Rush Medical College, Dr. Fishbein turned his medical knowledge to the field of writing. Since 1913 he has been on the staff of the *Journal of the American Medical Association*, and is now editor. He is also editor of *Hygeia* and editor for the Society of Medical History.

Dr. Fishbein is a lecturer on medical economics and history at the University of Illinois and associate clinic professor of medicine at Rush Medical College of the University of Chicago. He writes for the *Chicago Daily Times* syndicate and is a contributor to many national magazines and scientific journals. He is medical editor of *Encyclopedia Britannica*, and *Britannica Book of the Year*, and the author of many books.

Dr. Fishbein is also chairman of the Committee of Information of the Division of Medical Sciences of the National Research Council.

NELSON HALL CRUIKSHANK—Mr. Cruikshank is Director of Social Insurance Activities of the American Federation of Labor. Born in Bradner, Ohio, in 1902, he has an A.B. degree from Ohio Wesleyan and a B.D. from Union Theological Seminary. From 1931 to 1933, he was director of the Social Service department of the Brooklyn Federation of Churches, and for the following two years was director of the Workers' Educational Center at New Haven, Connecticut. After another year in workers' educational activities at New York University, he became labor relations representative with the Farm Security Administration of the Department of Agriculture and later director of the Migratory Labor Camp program.

Mr. Cruikshank served as executive assistant to the labor member of the National Management-Labor Policy Committee of the War Manpower Commission. Since 1944, he has held his present position with the A. F. of L.

Mr. Cruikshank has been a member of the technical advisory committee of the U. S. Conciliation Service of the U. S. Dept. of Labor since 1945. He has been on the advisory committee of workers' education for the U. S. Dept. of Labor since 1946; and on the national hospital advisory council of the U. S. Public Health Service since 1946; and on other federal committees of similar nature. He has been a contributor to labor and religious periodicals.

HOUSTON PETERSON—Head of the division of social philosophy at The Cooper Union since 1938, Houston Peterson is also a well-known public lecturer and educational broadcaster.

Born in Fresno, California, in 1897, he attended Pomona College in Claremont where he graduated with an A.B. degree in 1919. The following year he received an A.M. from Columbia University, and several years later received a Ph.D. from the same university. Prior to his affiliation with The Cooper Union, Dr. Peterson taught at Rutgers and Columbia universities. He is the author of several books.

bill to provide a national health insurance and public health program.

This bill has a total of 84 pages, of which 63 pages are devoted to the subject of national compulsory health insurance.

My question is, does it take 63 pages to provide merely changes in method of paying for medical service?

Mr. Ewing: It does! (*Applause.*)

Mr. Peterson: Well, that is the shortest answer in the history of Town Meeting. Dr. Fishbein, can you give a very short comment at this point?

Dr. Fishbein: I have read every one of those 63 pages and if the people of the United States and the medical profession are ever engulfed in the red tape that those 63 pages provide before you get medical care, you'll find that it is exceedingly difficult under this system to get what they promise you. (*Applause.*)

Mr. Peterson: Now, Mr. Cruikshank, I think you have a comment, sir.

Mr. Cruikshank: Well, I have a couple of them. It's very interesting to me to find Senator Smith wishing to avoid the use of the Federal Government and lay everything on the states. That's particularly significant for a senator who not only voted for, but continues to support the Taft-Hartley Act, which without any state participation or local boards or local community boards, such as we have planned in our health insurance plan, tries to administer the most intimate in details of labor relations from the Federal Government.

Now, that is significant because that's always the program of the conservative. Whenever you want to meet any need of the people, it's, "Let the states do it!" (*Applause.*) For years, that's what we heard about child labor. For years, that's what we heard about a minimum wage, but it wasn't until the Federal Government acted that we had that.

I'd like to make a lot of corrections about Dr. Fishbein's figures. They were all wrong—every one of them was wrong. (*Applause.*) But the thing that's most important is that he implies that the National Health Assembly — last May, not July, incidentally — in Washington, that all those in the medical care group at the National Health Assembly endorsed voluntary health insurance.

Had Dr. Fishbein stayed through the sessions, and not spoken and run, he would have found that this national health insurance was adopted by twelve organizations, specifically endorsing compulsory national health insurance, and the voluntary was only accepted as a compromise as the thing which was available at the time pending the enactment of the national insurance.

These included veterans' groups, farm organizations, co-ops, the A. F. of L., the C.I.O., the United Mine Workers, the Machinists, and

many others. (*Applause.*) The vast majority of the people who were at the National Health Assembly did endorse and support compulsory health insurance. (*Applause.*)

Mr. Peterson: Dr. Fishbein, I think those remarks were directed at you, sir.

Dr. Fishbein: I might say for Mr. Cruikshank and Mr. Ewing, in the first place, that it was Mr. Ewing's National Health Assembly that he arranged, and I'm not at all surprised that he had a considerable number of people there to endorse his proposal. As for the figures that are concerned, I can document every figure that I used, and I will publish these documented figures so that all of you can see them in the press.

Mr. Cruikshank: Does that go for the $19.60 a month?

Dr. Fishbein: That goes for the $19.60 a month benefit, and that is from the Federal Government—that statement on $19.60.

Mr. Cruikshank: You don't need to document that. The correct figure is $25.92. (*Applause.*)

Dr. Fishbein: The average was $19.60. You can all see that for Mr. Cruikshank to assert $25 and for me to say $19.60 requires documentation, and that's what I propose to give you. The statement appears in a report on Section 3 of the Social Security Act made by a special committee appointed by President Truman and reported to Congress as recently as two months ago.

Mr. Cruikshank: No committee was appointed by President Truman since he has been President.

Mr. Peterson: Ladies and gentlemen, four people are trying to speak at once. I'll try to get Senator Smith in for a moment and then Mr. Ewing. Senator Smith.

Senator Smith: Simply to answer Mr. Cruikshank's point about the states. In my 5-point program, four of those points, I pointed out distinctly, were in the field of federal legislation. The place where the states must come in is in the personal care by the physician of his patients. That's where the state area is. We haven't solved the problem or the controversial issues involved, and it's a great advantage to us to have the states work those things out togther in an experimental way. That's the point of my argument about states.

Mr. Peterson: Now Mr. Ewing has a brief question. Mr. Ewing.

Mr. Ewing: Dr. Fishbein, you said that you could document every one of those figures that you used. Which one is it—nine million or one million that have complete service? The one million came out of the current issue of the *Kiwanis*. Now you use nine million tonight. Which is right?

Dr. Fishbein: The nine million figure is correct, and the nine million figure is based on an examination of the records of the private insurance companies of the United States, including the Equitable, the Metropolitan, the New York Life, the Provident, the Travelers, and all of the other private agen-

cies which offer that type of insurance in this country today.

Mr. Ewing: An entirely disinterested survey, I am sure.

Dr. Fishbein: I hope so!

Mr. Cruikshank: I know the source of those figures. It was not an examination alone of the figures of the insurance companies, but by the insurance companies. It isn't *people,* it's *policies.* And in Dr. Fishbein's figures, I am three of them, myself. (*Applause.*)

Mr. Peterson: Thank you, Mr. Cruikshank. It's possible that there might be an appendix in the new issue of the Town Hall Bulletin with some comparative figures we can all read, even when there's a distinction of opinion here. Thank you again, I say, Mr. Cruikshank.

Now I see that the Town Hall audience is anxious to ask some questions. Before we continue our discussion, here is a message of interest to our listeners.

Announcer: This is the 548th broadcast of America's Town Meeting, the Nation's most popular radio and television forum, originating in Town Hall in New York City. You will hear questions from the audience in just a moment.

Let me remind you that you may obtain a complete transcript of this important discussion by writing to Town Hall, New York 18, New York, enclosing ten cents to cover printing and mailing. Please do not send stamps. Allow at least two weeks for delivery.

Some vital subjects are scheduled during the coming weeks—so, instead of writing for the Town Meeting Bulletin every week, why not subscribe for eleven issues for one dollar; six months for $2.35, or a full year for $4.50.

Now, for our question period, we return you to Mr. Peterson who has chosen the first questioner.

QUESTIONS, PLEASE!

Man: Mr. Ewing, do you deem it fair, as well as practical, for the national health program to be administered by a few centralized politicians instead of members of the medical profession?

Mr. Ewing: That is not the plan. The plan calls for local administration in every health area of the United States. The old idea that it is being administered by politicians in Washington is a complete misrepresentation of what we propose. (*Applause.*)

Mr. Peterson: Thank you, Mr. Ewing. The gentleman standing in the aisle, there.

Man: I'm an attorney from Dr. Fishbein's home town of Chicago. Before condemning U. S. Health Insurance, Dr. Fishbein, to what extent have you personally and actually observed and studied the operations of health insurance and the broad social consequences in England?

Dr. Fishbein: I was in England in September. I spent eight days.

I had an interview of an entire day with Sir Wilson Jameson, the chief Physician to the Ministry of Health, with W. H. Kennedy. I spoke also with the doctor for the Ministry of Health of Scotland.

I visited the offices of general practitioners and I watched them taking care of the sick. I saw doctors try to handle 40 patients in two hours, so that this assembly line medicine consisted in most instances of the patient's voicing his complaint, a question by the doctor, and a made-to-order prescription. (*Applause.*)

Mr. Peterson: Thank you. Now, Mr. Cruikshank would like to come in on that question.

Mr. Cruikshank: Yes, I would, because in the American Medical Association there is a complete diary of Dr. Fishbein's, covering not his eight days but his six days in England, not in September, but in August. (*Applause.*) It tells about how he landed in one day from Cherbourg and spent the rest of the day in discussions.

I could go through this whole detail, but I won't take the time. He went to the theater, he had all kinds of dinners, he sat next to Lord Moran (*Applause*), he went to the Olympic Games, he passed out CARE packages, and spent one morning in Sandringham Road visiting a practitioner, and then stopped on the way out to the airport and picked up the forms. In the afternoon, he took the plane to Paris and read a detective story on the way. (*Shouts and applause.*)

When he got back, he wrote an editorial in the *American Medical Journal.* Dr. Charles Hill, the secretary of the British Medical Association, read the editorial and said in part—I will not give the whole quote—to Dr. Fishbein in a letter: "The statement in the *Journal of the American Medical Association* of September 5, that 'Doctors are compelled to write formulas and prescriptions and reports many hours in advance of the time when they see the patients' is untrue." Continues Dr. Hill, "Indeed, it would be described as a libel on a profession which is proud of its tradition of service to its patients —this kind of a windshield survey." (*Applause.*)

Mr. Peterson: If you spend too much time in applause, ladies and gentlemen, we lose comment. Dr. Fishbein wants to comment on that comment.

Dr. Fishbein: I merely wish to say that evidently Mr. Cruikshank hasn't learned to read writing any better than he interprets statistics. In the first place, the *Queen Mary* stopped at Cherbourg, but I didn't get off at Cherbourg, so I couldn't have written that I got off at Cherbourg.

In the second place, the Minister of Health of Great Britain who controls medicine absolutely in Great Britain as Mr. Ewing would control it, perhaps, in this country, was away from England at the time and the Minister of Health asked Sir Wilson Jameson, the

chief medical officer of the Ministry of Health, to take me and show me the entire central operations.

Now I asked Sir Wilson Jameson to please give me one copy of every form and every regulation used under the act, and Sir Wilson Jameson, who is a very witty Scotchman, said, "Doctor, have you chartered the *Queen Elizabeth* to take you home?" (*Laughter and applause.*)

Mr. Peterson: Now there are two or three questions here for Senator Smith. That gentleman right there, sir.

Man: I'm with the Social Security Administration. Senator Smith, under your federally subsidized program for state medical plans, how would you induce physicians to practice in the State of Mississippi? (*Applause.*)

Senator Smith: I don't know how you would induce physicians to practice under S-5. The problem that we're presenting by taking this matter up with the states —those of us who believe that is the right way to do it—is to provide grants in aid to the states so that the states can work out their own programs, with federal advice, and with their own medical groups and, where we need to, to provide for education, as I said in my talk, of doctors so that they can fill these areas that need to be filled.

There's no reason why it can't be worked out perfectly well with state coöperation. Let me say in connection with my work as chairman of the Committee on Health for the last two years of the Senate, in the first place I asked an objective organization like the Brookings Institute to review this matter. I communicated with every governor in the United States and, with the exception of one governor, every one of them either was definitely opposed to the compulsory plan, or else said definitely they wanted the plan worked out by their states with federal aid. That's the reason I am so strongly for this coöperation with our states in order to do this job on the local level. (*Applause.*)

Mr. Peterson: I believe now there is a question for Mr. Cruikshank.

Man: My question is directed to Mr. Cruikshank. The medical profession may soon be proffered a contract, the terms and conditions of which are of such character as to meet with the unqualified opposition of the majority of the medical profession. What would labor's reaction be to such a type of contract affecting their own groups? (*Applause.*)

Mr. Cruikshank: Of course, if we were offered a contract, the provisions of which we objected to, we'd object to it naturally, but we would come to it after a full and open discussion of the merits of it and, if the iron curtain in the American Medical Association can ever be lifted long enough for the opposition to be presented fairly, the doctors will look at this and like it, but they've got to have a chance to look at it, first.

Mr. Peterson: The first gentleman in the aisle for Mr. Ewing.

Man: I'm a physician. Mr. Ewing, under your plan, what incentive, if any, will the physician have to do more than the bare minimum in the matter of personal service? (*Applause.*)

Mr. Ewing: Don't you physicians serve humanity? (*Applause and shouts.*)

Mr. Peterson: We're wasting time, ladies and gentlemen. Dr. Fishbein insists on a brief comment here. Then the lady with a question for you. Perhaps you can combine the two.

Lady: What accrued protection does one have under group hospitalization plans when he is unable to pay the premiums?

Dr. Fishbein: Obviously, under any plan, if one is not able to be employed and thus to pay a tax to the Government, one also would not receive any service under the Wagner-Murray-Dingell Bill. May I say further, in response to the unnecessary slur on the medical profession implied in Mr. Ewing's response, that the record of the American medical profession for service to the people of this country, recorded indelibly in the history of medical science throughout the world, is far too good to be damaged for political purposes by any government employee. (*Applause and shouts.*)

Mr. Peterson: Mr. Ewing would like to comment briefly on that point.

Mr. Ewing: Dr. Fishbein, I didn't slur the medical profession. (*Applause and shouts.*) I asked if the medical profession didn't serve humanity, and I'm the first one to testify that they do and that not the only thing that they're out for is the dollar. (*Applause.*)

Mr. Peterson: Just a word, Mr. Cruikshank.

Mr. Cruikshank: Well, I'd like to point out in regard to the young lady's question that the proposal of the Taft-Smith Bill, which is simply the Taft-Smith-Ball-Donnell Bill, incidentally, is that those who can't pay the premiums go in and prove their need and get the relief status. They get a certain kind of a yellow card and then get aided after having proved their needs. That's the proposal. (*Applause.*)

Mr. Peterson: I'm trying hard to distribute these questions. There's a lady for Senator Smith back there. This is desperate. Yes, Senator Smith, did I push you away? Go ahead.

Lady: With the conflict of statistics regarding the relative cost and benefits of a compulsory health insurance program, where can I, as a citizen, find irrefutable facts?

Senator Smith: That's a very fair question. It's one of the very reasons why we feel this subject is so complex that we see no reason why the 48 states should be excluded with their Boards of Health and their years of experience from contributing to a solution of this problem. That's all we are suggesting in our bill.

We're not saying that they have to have a means test. We are saying that's the problem for the states to provide for themselves. If they feel that a means test is the best to determine what people they cover, all right. If a given state wants to have a compulsory insurance program to cover everybody, all right. But let's try it by the American way of 48 laboratories working in an experimental way to give the benefit to the America of 140 million people who are entitled to think on this subject. (*Applause.*)

Mr. Peterson: In that extreme corner, there's a question for Dr. Fishbein.

Man: Dr. Fishbein. If doctors are so generally opposed to the national health insurance bill why has A.M.A. met so much opposition in collecting the $25 assessment fee? (*Laughter.*)

Dr. Fishbein: In order to make the record clear, there is only one place in the United States where a county medical society has bolted against the assessment. That is in Brooklyn. (*Applause.*) The collections already made show that 85 per cent of the physicians of the United States are paying the assessment and that most of them say, "If you need more, please let us know." (*Applause.*)

Mr. Peterson: Now here's a question for Mr. Ewing.

Man: Does every doctor have to join this plan? If yes, there's no freedom for the doctor. If not, where is the freedom of choice for the patient? (*Applause.*)

Mr. Ewing: There is nothing whatever that compels a doctor to join the system if he doesn't want to. The patient can choose from those who are in the system. In England, over 93 per cent of the doctors joined the system. (*Applause.*)

Mr. Peterson: Dr. Fishbein, there's a question for you in the aisle here.

Lady: Because Social Security provision is inadequate, is that a reason for not initiating other forms of insurance on a better scale?

Dr. Fishbein: I favor the widest possible extension of voluntary prepaid sickness insurance. At the rate at which that insurance is now growing, we will soon be able to match the eighty million Americans who are now voluntarily insured for life insurance with a total coverage of two hundred billion dollars. Why don't Mr. Ewing and Mr. Cruikshank give the voluntary American way a chance? Why are they trying to force this on the American people? (*Applause.*)

Mr. Peterson: Mr. Cruikshank, you can combine that answer to Dr. Fishbein with this gentleman's question, perhaps.

Man: Mr. Cruikshank. If we are unable to cover everyone under Social Security, how will we do so under national health insurance?

Mr. Cruikshank: Probably we won't cover them all at once, any

more than we did under Social Security, but we propose to continue to broaden the coverage, and keep moving along until we do get a sound coverage on the thing.

In response to the other question, I'd like to say we're not trying to force the American people into this thing. The people of America can't be forced to begin with. In the second place, they have repeatedly expressed themselves in one way after another for this program. (*Applause.*) When Senator Ball met Senator Humphrey in Minnesota, that was a test on this question, and it's been tested in Montana, where the A.M.A. and its subsidiary organizations poured everything they had into the program in the election this fall against Senator Murray. It has been tested time and time and again, and it's the American people that are going to push their leaders into it. They're not going to be forced into it. (*Applause.*)

Mr. Peterson: Mr. Ewing and Dr. Fishbein, you can each have 10 seconds now, gentlemen, just 10 seconds.

Dr. Ewing: I want to call your attention to the fact that these voluntary health insurance programs —now so violently urged and supported by the American Medical Association—Dr. Fishbein denounced in 1932 as socialism inciting revolution. (*Applause.*) That was twenty years ago. In another twenty years he'll be for this. (*Applause.*)

Mr. Peterson: Ladies and gentlemen, there were a hundred more questions. I'm extremely sorry. Thanks everybody for your patience in the matter. While our speakers prepare their summaries here's a special message of interest to you.

Announcer: Friends, someone has said that "Brotherhood is giving to others the rights and respect that we want for ourselves." That definition rests squarely on the basic principles of religion and is the practical expression of religion in democratic life. As within any family, its members are not alike they differ in many ways. But they are still one family and the well being of any member depends on the status of the whole family. That which harms one member hurts the whole group . . . what is good for one is good for all.

Brotherhood, moreover, is a personal thing. It is a matter of relationship between people. It involves our attitudes, what we feel and think about others. It also involves action—how we act in relation to others. If we are to be religious and true to American ideals, we must practice brotherhood; we must give to others the respect and the rights we want for ourselves.

Remember, it is easy to talk about brotherhood for other people. But the easy way is not the right way. Brotherhood must begin with you and me. Think about it—not just during this National Brotherhood Week observance—

but every week, every day of the year.

Now for the summaries of tonight's discussion, here is Mr. Peterson.

Mr. Peterson: We will hear from Dr. Fishbein.

Dr. Fishbein: I told you that such a plan would mean a deteriorated and inferior quality of medical service. In Mr. Ewing's book, *The Nation's Health,* he says that, should this act pass, this assembly-line medicine—and that is my word—would require three years of tooling up—that's his word—by the National Government, in order to put the medicine into effect.

I think we can all work together with intensified scientific medical research, intensified health education and medical education, and the widest possible intensified action to spread the system of voluntary prepayment insurance to see that America continues in the future as it is today, to lead all the great nations of the world in the quality of medical service, the prolongation of life, freedom from disease, and in all the other freedoms that are inherent in a democracy. (*Applause.*)

Mr. Peterson: Now, Mr. Cruikshank. Thirty seconds for you in favor of the plan.

Mr. Cruikshank: I'll keep the thirty seconds. Dr. Fishbein took forty-four. (*Laughter.*) Americans who work for their living want national health insurance because the support of their families depends directly on their health. We need positive, disease prevention services, but we can't afford them under the present method of paying.

With national health insurance, we would no longer have to fear that sudden illness might upset our family security. We believe that the marvels of modern scientific medicine belong to everybody. They should be available to everybody on a basis of share and share alike. We don't want charity. (*Applause.*)

Mr. Peterson: Once more for the negative. Senator Smith of New Jersey.

Senator Smith: National compulsory health insurance is a device to revolutionize our whole system of medical care. It proposes a federal tax in return for which the Federal Government engages to render an over-all medical service.

It would break down that progressive coöperation between the states and their doctors which has made American medical care the pride of the world.

It would mean surrender by the states of their immediate responsibility to their people.

It would destroy the precious personal relationship between doctor and patient. (*Applause.*)

Mr. Peterson: Finally, a final summary in favor of compulsory health insurance. Mr. Ewing.

Mr. Ewing: National health insurance would pay the medical bill for all insured people and their dependents. All of you people lis-

tening to my voice would no longer have to live in constant fear of doctor, dentist, or hospital bills that come unexpectedly and in amounts that knock your budget into a cocked hat, or use up your savings, or run you into debt.

The costs would be a much lighter burden for everybody because they would fall on everybody and not just on the sick.

We would have more doctors, dentists, nurses, hospitals, so that eventually everybody could have all the medical care they really need and of the highest quality. (*Applause.*)

Mr. Peterson: Thank you, Oscar Ewing, Senator Smith, Mr. Cruikshank, and Dr. Fishbein.

Next week when George Denny will be back with us, our question will be "Should Communists Be Allowed To Teach in Our Colleges?" We shall hear the views of Dr. Raymond B. Allen, president of the University of Washington at Seattle; Dr. T. V. Smith of Syracuse University; Dr. Harold Taylor, president of Sarah Lawrence College, Bronxville, New York; and Roger Baldwin of the Civil Liberties Union. So plan to be with us next Tuesday and every Tuesday at the sound of the crier's bell.